SIM Steering Committee Meeting Minutes
Thursday, July 12, 2018 – 5:30 p.m. to 7:30 p.m.
Hewlett Packard Offices, Conference Room 203
301 Metro Center Blvd, Warwick, RI 02886

SIM Steering Committee Attendees:

Rhode Island Primary Care Physicians Corporation: Andrea Galgay, Chair
The Rhode lsland Foundation: Larry Warner, Co-Chair
BHDDH: Director Rebecca Boss
Blue Cross & Blue Shield of Rhode Island: Gus Manocchia, MD
Carelink:
CNE/ Integra Community Care Network: Garry Bliss
Prospect/CharterCARE:
Coastal Medical:
Department of Children, Youth and Families:
Dr. Caroline Troise: Present
EOHHS:
HealthSource RI: Director Zachary Sherman
Housing Works RI: Brenda Clement
Leadership Council:
Lifespan: Carrie Bridges-Feliz
MHCA: Jim McNulty
Neighborhood Health Plan of RI: Beth Marootian
Office of the Governor:
Office of the Health Insurance Commissioner: Commissioner Marie Ganim
Rhode Island Business Group on Health:
Rhode Island Department of Health: Sandra Powell
Rhode Island Health Center Association: Julie Lange
Rhode Island Kids Count: Elizabeth Burke Bryant
Rhode Island Medical Society: Peter Hollmann, MD
Rhode Island Parent Information Network: Tara Townsend
Rhode Island State Nurses Association: Mary Dwyer
Rhode Island Student Assistance Services:
South County Hospital: Kim O'Connell
Tufts Health Plan: Tilak Verma, MD
United Healthcare of New England: Neal Galinko, MD
University of Rhode Island:

State Agency Staff:

Executive Office of Health and Human Services: Rick Brooks, Amy Zimmerman, Melissa Lauer
Department of Health: James Rajotte
Office of the Health Insurance Commissioner: Libby Bunzli
Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals: Ann Detrick, Tom Martin.
HealthSource RI: Betsy Kerr
Department of Children, Youth and Families:
SIM: Marti Rosenberg

Other Attendees:

Laura Adams (RIQI); Susanne Campbell (CTC); Ailis Clyne (RIDOH); Lauretta Converse (EOHHS); Russ Cooney (HCA); Sadie DeCourcy (RIDOH); Michael Dexter (RIDOH); Chris Donovan-Dorval (RIC); Marianela Dougal (Lifespan); Liz Fortin (South County Health); Richard Glucksman (BCBSRI); Margaret Gradie (RIDOH); Charlies Hewitt; Deb Horowitz (CTC); Lauren Humphrey (RIQI); Elizabeth James (BCBSRI); Brenda Jenkins (HCA); Dana McCantsDerisier (RIDOH); Marissa Meucci (URI); Tara Provencal (EOHHS); Devan Quinn (RI Kids Count); Colleen Redding (URI); Terry Rochon (CNE); Catherine Taylor (URI); Samara Viner Brown (RIDOH); Pano Yeracaris (CTC) .

1. **Welcome and Introductions:**

Ms. Andrea Galgay, Chair, convened the meeting at 5:30 pm, welcoming all attendees. Everyone in the room introduced themselves.

2. **Review Prior Meeting Minutes:**

The Committee reviewed the minutes from the June 2018 Steering Committee meeting.

3. **Brief Administrative Updates:**

Marti Rosenberg presented administrative updates for the State Innovation Model (SIM) grant:

- Rhode Island's SIM Test Award Year (AY) 4 Operational Plan and all AY4 budgets have been approved and accepted by CMS. Thanks to everyone who made comments on the draft Operational Plan document. The Plan will be posted on the EOHHS website.
- Last quarter's Vendor Meeting was held on June 20, 2018. The agenda focused on workforce transformation and included discussion of how we can build and train our workforce for the future. At a recent Steering Committee meeting, you heard presentations on specific SIM workforce projects focused on Behavioral Health, End of Life and Community Health Teams. Training will also be the subject of our Quarter 4 Report which we will submit at the end of July.
- The Technology Workgroup is gathering requirements for ECQM, and there is a meeting next week.
- Janie O'Donnell, SBIRT Project Director, BHDDH, has left her position. The hiring process for this position is underway, and we will be able to announce a new SBIRT Project Director soon.

- OHIC has been holding planning meetings on their primary care capitation project, led by Cory King and Libby Bunzli, with consultant Michael Bailit. Insurance carriers and CTC are involved. Primary care practices will be selected for a pilot project to begin the test.
- EOHHS and Long -Term Services and Supports (LTSS) are currently meeting on workforce development, as part of overall workforce strategic planning.
- Ms. Rosenberg thanked HSRI Director Zach Sherman for tonight's pizza.

4. Provider Directory:

Ms. Rosenberg gave an update on the status of the SIM Provider Directory project. She reminded everyone that, over the past year, the SIM team has shared information about unexpected delays with building the Provider Directory software, cleaning provider data and ultimately, launching the Directory as originally envisioned. Last winter, the SIM team decided to put the project on hold until we could confirm a sustainable use case that would justify continued investment. The team began a reassessment to look at stakeholder perspectives on the Provider Directory and their current needs.

Ms. Rosenberg stated the goal for today's discussion:

- Share the results of the reassessment
- Discuss how to move forward from a SIM perspective.

She said the bottom line, at this point, is that the SIM team believes we need to do more research and planning before any further investments are made in the Provider Directory. Much more information has been gathered about what the community and state agencies, including Medicaid, currently need and want. The current build of the Provider Directory is not positioned to launch with a sustainable use case.

SIM's original plans for the Provider Directory anticipated that, by the past spring, the project would transition to a customer funding base. The reassessment has made clear that no organization is ready to do that. There is not enough SIM money available to make any additional investment in this project. Therefore, moving forward, this will not be a project for SIM alone.

Ms. Melissa Lauer then gave a presentation of the reassessment results and key findings.
SIM Provider Directory Reassessment Report

She first described the history of the project. At the end of 2015, the SIM Steering Committee supported a SIM investment in the Provider Directory that Rhode Island Quality Institute already had begun. The SIM Scope of Work began in early 2016 and continued through 2017.

In early 2018 the Provider Directory project was put on hold and a reassessment of the project began. The Federal Office of the National Coordinator for Health IT (ONC) assisted in the reassessment which included three components.

The three components are:

- National Scan
- Rhode Island
- Conclusion/Recommendations

Results of the National Scan indicated that a few other states are doing related work, typically attached to a major use case. States reviewed include Maryland, Oregon, Tennessee, Missouri, Colorado and Kansas. A review of costs to build indicated a range between $2-$4 Million and $1-$2 Million to maintain. The National Scan identified a number of Federal provider data requirements (e.g., 21st Century Cures Act). Some states have used state laws, regulations, or contracts to require provider directory data element standards and to recommend or require data submission to a shared directory and/or use of tools, such as common credentialing.

For the Rhode Island scan, RIQI conducted non-state stakeholder interviews with 12 organizations, and the SIM team interviewed six state bodies. Three major use cases emerged from the interviews and a community meeting:

- Common Credentialing
- eReferrals/Care coordination
- Analytics

Ms. Lauer summarized the key findings from the interviews:

- Finding Value: Difficult for customer to quantify the value of data files; Technology advancements during development changed the demand to real-time.
- Realizing User Readiness: Users needed lead time to be ready to change internal systems/workflows to use the product.
- Confirming Quality Data: Organizations needed to trust the data and to have time to review the data themselves.
- Defining the Use Case: A system with specific use cases allows for a more compelling case for sustainability.

Ms. Rosenberg presented the conclusions:

- We have identified some potential next steps, focusing on very specific use cases that will better fit stakeholder needs:
  - Work with Medicaid to determine their needs under new CMS requirements.
  - Learn more about the very specific community needs around common credentialing.
- Moving forward this will not just be a SIM project.
  - The state could act as a convener for interested stakeholders.
  - The state will need to consider the needs of Medicaid and other agencies, noting that Medicaid has specific provider data requirements.

- Interested community partners will need to be actively involved in development of the project.
- The project will not move forward in its current form without a sustainable use case.

Comments and Questions:

Ms. Sandra Powell:
For the other states that have defined use cases, do we have an idea of their funding sources?

- Amy Zimmerman: It depends and varies. For example, in Oregon there is a state statute. Other states have funding from SIM dollars or community funding. In some cases, if there is a Medicaid function, 90/10 Federal matching dollars can be used. For Rhode Island, as a result of our re-assessment, we now know that there is no more SIM money to bring to the Provider Directory project.

Dr. Gus Manocchia:
Can you explain what has already been built?

- Ms. Rosenberg: There is software and data architecture. There are data that have been mastered and cleaned but are old. Regarding software, we don't know if this could be re-constructed to meet what we need (e.g., for common credentialing).

Is there potential to be starting from scratch?

- Ms. Rosenberg: We would not be starting from ground zero based on what we have learned so far.

Do we know what this would cost?

- Ms. Rosenberg and Ms. Zimmerman: Cost would be based on the specific use case, so it could vary. The numbers we provided are an average, but there is a wide range depending on what work is completed. A Request for Information (RFI) would probably be issued, so those who work in this space could share what they know and think.

Ms. Beth Marootian:
Thank you for carrying out a robust process to assess how to move forward and understand stakeholder need. Credentialing is a function that has been addressed several times over by various entities, including payers. What is the need?

- Ms. Rosenberg: Input received has indicated need for a centralized way to manage credentialing. Common credentialing is not something we are saying we must do or should do, but this was the matter about which stakeholders expressed the most concern and struggles.
- OHIC Commissioner Ganim: The issue of credentialing is the most common complaint we receive from both from providers and agencies/entities. OHIC is looking at exploring credentialing as a topic this fall.
- Ms. Rosenberg: There is also potential for e-referrals and the ability to communicate between different practices and providers. Social determinants are at the heart of these processes. We need more discussion and review.

Ms. Kim O'Connell:
Not to be critical, but did we put the cart before the horse? Did we do enough research and analysis in the beginning to determine if we were moving in the right direction?

- Ms. Rosenberg: This was in our minds at all times. The review process yielded formal learnings. Having RIQI as part of the assessment process has been very valuable, and we are already using some of the lessons learned in the ECQM work. We have also kept CMS apprised of the issues, and they are sharing our lessons learned as well.

Ms. Deb Hurwitz:
In my experience, many providers get asked the same the same information from different entities. This is a concern for providers, as OHIC Commissioner Ganim mentioned. If there can be a way to streamline, across providers (including hospitals) and payors, then costs might be reduced. The savings in overhead costs could support sustainability.

Dr. Pano Yeracaris:
About 10 years ago, there was a company in Massachusetts that was doing common credentialing. This did not solve all the headaches but was helpful.

Dr. Manocchia:
I agree about the benefits of a common credentialing system. The big question is how much will it cost to create and maintain. Speaking for Blue Cross Blue Shield, there would have to be demonstrated, well-defined savings over what we spend now.

Ms. Powell:
Since return on investment (ROI) comes to mind in this discussion, a part of the future analysis needs to be about the potential benefits of various options. It seems like there was a wide horizontal process in the interview process. Additional conversation needs to happen at the vertical level with decision makers and those who control budgets.

- Ms. Rosenberg: I agreed with the focus on ROI. The next step that has been contemplated is to talk with agency leaders and those who manage budgets.

Ms. Susanne Campbell:
For e-referrals, is a directory required?

- Ms. Lauer: Yes, it is absolutely required to ensure that e-referrals are going to currently active providers. With a Provider Directory or e-referrals, there is potential for providers to maintain their own data, resulting in savings.

Ms. Rosenberg offered thanks for the feedback. She remarked that, as always, when an issue is brought before the Steering Committee, the SIM team receives many valuable insights and recommendations. She said that the staff will go back to our state partners, including EOHHS and OHIC, to look at ways to achieve administrative efficiencies.

Chair Galgay encouraged everyone to talk to people in their organizations and get back to the SIM team with further input and suggestions.

5. Presentation of Draft Sustainability Plan: SIM Sustainability and Transition PPT

A. Introduction

Chair Galgay introduced the conversation about SIM's final year, explaining that we would be presenting our Year 4 Priority Activities to Advance Sustainability document. Vice-Chair Larry Warner then summarized the goal for this discussion:

- Bring full circle the discussion about sustainability.
- Remind everyone of our process so far and recap the discussions we've had.
- Review recommendations for priority work in Year 4.
- Get agreement on this plan to move forward with these recommendations.

B. Background and Context

Vice-Chair Warner stated that, for about a year now, we have been thinking about the need to look beyond the SIM end date, June 30, 2019. CMS has also been thinking about the end of our grant and has given us a set of tasks to complete. Regarding development of our sustainability work:

- When we first started mentioning sustainability (in our first year) those discussions focused initially on vendor investments.
- By the summer and fall of 2017, that had morphed to higher level thinking about sustaining the SIM culture of collaboration (public/private partnership and our interagency team) and our shared learning.
- Then, we refined our thinking even more, to focus on the broader health system transformation, population health improvements and culture of collaboration components of our structure. We honed this through our Sustainability Workgroup and with CMS discussions in an iterative process.
- We also began adapting our original definition of sustainability - thinking about sustainability as including a sense of transition – from one thing to another, rather than just sustaining what was.

We've already had some good discussions here at our Steering Committee and at our Sustainability Workgroup meetings about what we have accomplished and what we want to sustain. Throughout all this, we had multiple conversations with a broad range of stakeholders throughout the community and in state government to help define our work.

Vice-Chair Warner summarized our long-term Sustainability Goal:

Successful implementation of a set of strategies that will ensure the future sustainability of the most critical components of the overall SIM initiative once the grant period ends in June 2019.

He described our Sustainability Definition:

Ability to maintain or support an activity or process over the long term – or the endurance of systems or processes. Vice-Chair Warner noted that in thinking about sustainability - not everything will be

sustained; maybe a project was a "one and done," had a short-term impact and/or was not working as intended.

Vice Chair Warner then summarized four original key Sustainability Components:

- Interagency Model and Promotion of a "Culture of Collaboration"
- SIM's Public/Private Collaboration
- Shared Knowledge and Learning from the Project
- Individual SIM-Funded Projects

C. SIM Sustainability Document Review

Ms. Rosenberg said the sustainability document that we are sharing with the Steering Committee aims to hone our thinking on we will do in our final year – what we will focus on, and as important, what we will not have the time or resources to focus on. The document is a working draft, with plenty of opportunity for input. The key discussion we want to have is how Year 4 ensures sustainability for post-SIM.

She emphasized that there is already a wide range of progress in terms of sustainability with individual investments. Some are already sustained (e.g., All Payer Claims Database); some have plans started and are in development. The SIM staff members have discussed this extensively as a team and with vendors.

The three main "buckets" that recommendations fall into:

- Vision, Goals & Forward Planning
- Final Year of Implementation
- Evaluation.

Ms. Rosenberg offered further comments:

- An End State Vision is part of the Award Year Four Operational Plan. How we would operationalize this is a good topic for conversation here. What have we done? What has changed? How do we move forward?

- An in-depth review of:
    a. **System and payment reform models** that Rhode Island has been focusing on for the past decade. Models and practices can include the OHIC Affordability Standards and Rate Review; Medicaid's Health System Transformation Project and Accountable Entities; the Market Stability work led by HSRI and OHIC., Measure Alignment, and the nascent Primary Care Capitation effort.
    b. **Population Health Improvements** pursued by SIM. Specifically, we will look back to: the 23 Population Health Goals that the state has developed through the SIM process; the RIDOH Health Equity Zones and Community Health Worker certification; our work to

build ties to social service agencies to address the social determinants of health; and BHDDH's behavioral health improvement strategies.

c. SIM's **Culture of Collaboration**, which is our integrated coordinated structure and strategies. This includes reviewing SIM's interagency staffing, SIM's Interagency Team, the public/private partnership reflected in the SIM Steering Committee and in the various SIM Workgroups, as well as the collaborative projects we've developed with community partners and state agencies (i.e. our Integration & Alignment projects).

- Health Planning has also come up repeatedly in the conversations of the Sustainability Workgroup. What is not as clear is what health planning means to each stakeholder. In Year 4 we want to work with EOHHS, other state agencies and community partners to further define what this work looks like.

- Health information technology is an integral part of healthcare reform. We will be working on a specific HIT plan regardless of what happens with health planning writ large.

- Further, is there an opportunity to better communicate the interagency and public private partnerships that have evolved as a result of SIM?

- Overall, many of our vendors are doing amazing work. Each knows that sustainability planning is part of a vendor's responsibility. We will meet with all vendors and assist them in thinking about sustainability and consider if there is an ongoing state role (e.g., "So it is not all on you alone").

- We will likely ask for a no cost extension (which means additional time to spend the money, but without extra money). We have been told that there is no way to determine now whether we would get that extension – but we will work with CMS on that planning.

- We also recognize that when the funding stops at the end of June, 2019, funding for evaluation turns off, too. How will we know what is working after that? We can seek to roll up learnings from stakeholders so there is not sole reliance on evaluation findings.

Chair Galgay then asked Steering Committee members if anything is missing from the Sustainability Plan. Conversely, is there anything here that shouldn't be here?

Comments and Questions:

Ms. Colleen Redding:
Community Health Teams (CHTs) should be explicitly called out as something we want to retain.

Ms. Betsy James:
How much funding is left?

- Ms. Rosenberg: There is approximately $6 Million for Award Year 4, and we are currently in the process of identifying carryforward from Award Year 3.

Ms. Marootian:
If you get the no cost extension could it be used for evaluation?

- Ms. Rosenberg: Yes, most likely we would ask CMS for this.

Director Sherman:
If you were to receive a no cost extension, are there restrictions on how that can be spent? For example, would you be able to continue funding staff?

- Ms. Rosenberg: I can't speak to whether we would specifically be asking to fund staff, but, yes, there would definitely be restrictions that we would need to work on with CMSj.

Ms. Marootian:
One thing that is missing are the goals of SIM from when we started. There are a lot of specific things we wanted to accomplish. Can we quantify what we have done and what goals we have met? How do we see what we have truly accomplished and how do we quantify what work we have done?

- Chair Galgay: Is your concern is that we are missing ambitious macro-goals?
- Ms. Marootian: Rather than preparing a summary of what we have done, I would like to see a more critical assessment of what has worked and what had not.
- Mr. Rajotte: RTI, the national evaluator, has been doing a broader macro-assessment.

Ms. Powell:
A conversation is needed about the overall value of SIM. Referencing Vice-Chair Warner's comments about the importance of knowledge sharing and learning, Ms. Powell asked: How can the knowledge from SIM projects be applied to other projects in the state and shared with other states?

Ms. Marootian:
Can you clarify the work around population health? It is not clear what you are trying to achieve.

- Ms. Rosenberg: In our original SIM Operational Plan, Rhode Island chose eight population areas to pursue more deeply. The notion is that the Department of Health (DOH) should not carry all the responsibility for making population health improvements in these areas. Rather, improving population health crosses over multiple state agencies. For example, DOH has been renewing some of its most critical grants around diabetes, heart disease, and stroke. The DOH team working on this came to a SIM Interagency Meeting to ask for input on how to address these issues through a cross-agency approach. Out of this interagency conversation, the HSTP project and OHIC, for example, began to consider ways to address diabetes and heart disease.

Ms. Elizabeth Burke-Bryant:
I think there should be greater elaboration on the legacy of SIM in the greater health planning section of the document. The current section comes across as focusing too much on new work and not building enough on what has been done. I recommend lifting up a few projects that have become a signature of SIM and also lifting up the obesity, smoking cessation and other projects that have been realized through SIM, like the Child Psychiatric Access Project (PediPRN).

Mr. Jim McNulty:
Collaboration is a significant outcome of SIM. For BHDDH and DOH, there is now closer synergy regarding opioid issues. Mr. McNulty added: We're certainly going to miss some things. There is learning, like in the first project which has illustrated that credentialing is not fixed yet. We must not give up.

Dr. Yeracaris:
Many positive changes have taken place with the PMCH-Kids evolution. However, there is a sense on the primary care provider side, that the viability of primary care in Rhode Island has not been addressed in a multi-agency, comprehensive way. For example, who is responsible for workforce issues? Also, is there a way to have greater involvement of DCYF and the Department of Education? As well, in discussions about PCMH-Kids, Pedi-PRN and CHTs how can there be more focus on both children and families? Further some of the CHT sites are working on integrated behavioral health and are addressing the needs of people who are high users of Emergency Departments. Are practices that already have ties to a particular CHT referring to the CHT? Action is what will tell the success of collaboration. On the issue of capitation, in pediatrics there is much less money to be saved, but there is also a lot at stake. While Medicaid and OHIC are working together, capitation may not be sustainable in the long-term due to the reality or perception of under-payment. CTC-RI's November, 2018 Conference will include a focus on The Center for Health Care Strategies, Inc's initiative: The First 1,000 Days: Medicaid's Critical Role, which addresses early childhood health innovations.

Ms. O'Connell:
As we compare the goals we set with where we are now, it will also be important to identify what investments have been made and what is needed to move to the next step.

Chair Galgay asked: What is the Steering Committee's role going forward? Where do you see yourself or your organization?

Health Insurance Commissioner Marie Ganim:
SIM cannot be viewed as a discrete entity. It has really been an integrated and foundational method in how to move forward and work with other state agencies. When the SIM grant is completed, we will continue to build capitation, PCMH-Kids, Measure Alignment and coordinate efforts with Medicaid. OHIC has already adopted a culture of collaboration.

Ms. Galgay also asked:

- How would you like to be more involved?
- What could we do here?
- What about break-out sessions for dialogue with colleagues?

Ms. James: Breakouts would be helpful and useful.

Ms. Marootian: I think it depends on what we want to accomplish. For example, are you looking for our input on policy?

Ms. Powell: Perhaps there could be development of some subgroups of Steering Committee members to participate in the planning process. Instead of staff presenting, these groups could present back to the Steering Committee.

Ms. Marootian: I am concerned that if we are not more involved in the sustainability planning that we're going to have twelve projects knocking on only a couple of doors. There should not be a scattershot approach. That is a risk of Year 4.

- Ms. Rosenberg: There is not a "one size fits all" answer to the question of sustainability. There are differences across the projects about what level of additional support, funding or non-monetary help that will be needed. At some level, the state has no more money. State's role can be more "air traffic control." Also, we do not want the payers to be the only place that SIM projects look for support. It would be worthwhile to have each project work on developing their business case and think through what makes sense to continue to fund. We could ask each vendor to be creative on where to go to get value and impact.

Ms. Marootian: Is there technical assistance (TA) support for some of the projects? Do we have the money?

- Ms. Rosenberg: There could likely be some Federal TA support which is free.

Dr. Ailis Clyne:
In addition to philanthropy and insurers, DOH relies on federal funding streams (e.g., children's health). Some of our HRSA funding can support maternal and child mental health. DOH is always looking for opportunities to fund things that are working well, and that is what the federal government wants to fund. This is why we need to continue a forum for shared learning and continued conversation about opportunities that are coming out to see how to best match federal requirements.

Ms. Carrie Bridges-Feliz: There will be value in forming the questions to be asked for projects that do not have a formal evaluation. What information do we want to know, and what information may be needed to make decisions on funding going forward?

- Mr. Rajotte: Should we go through some sort of exercise asking the following question - If all things were performing at peak performance and showed some sort of ROI, what projects would rise to the top as priority projects to continue funding?

Ms. Marootian: Who has the money to sustain? SIM collectively does not have the dollars, so who will? Organizations we represent may be able to help.

D. Summary

Chair Galgay thanked everyone for the discussion. She noted that key points were covered and asked if there were additional comments or questions. Ms. Rosenberg asked if Steering Committee members wanted to give "thumbs-up" or affirmation of the sustainability planning approach, as presented. Ms. Burke-Bryant made a motion to accept the approach with the edited changes. A majority of the Steering Committee members present gave "thumbs up."

6. Wrap-up:

Ms. Rosenberg reminded Steering Committee members that the next meeting will be August 9. There will be a presentation on the BMI project, and RI KIDSCOUNT will provide data. She said that perhaps some portion of the meeting could be used for a deeper dive on sustainability or maybe a non-mandatory Steering Committee session on sustainability could be scheduled. Ms. Rosenberg said that CMS is likely to have a site visit to Rhode Island at the end of September or mid-October.

7. Public Comment: None.

8. Adjournment:

With no additional public comment, Chair Galgay adjourned the meeting.